

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT

09/926805

8/16/14 CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | 1 | |
| 2 | | | | | | 1 |
| 3 | | | | | | 1 |
| 4 | | | | | | 1 |
| 5 | | | | | | 1 |
| 6 | | | | | | 1 |
| 7 | | 2 | | | | 1 |
| 8 | | 6 | | | | 1 |
| 9 | | 6 | | | | 1 |
| 10 | | 6 | | | | 1 |
| 11 | | 6 | | | | 1 |
| 12 | | 6 | | | | 1 |
| 13 | | 6 | | | | 1 |
| 14 | | 6 | | | | 1 |
| 15 | | 6 | | | | 1 |
| 16 | 1 | | | | 1 | |
| 17 | 1 | | | | 1 | |
| 18 | | | | | | 1 |
| 19 | | | | | | 1 |
| 20 | | | | | | 1 |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | 2 | | | | |
| 28 | | 6 | | | | |
| 29 | | 6 | | | | |
| 30 | | 6 | | | | |
| 31 | | 6 | | | | |
| 32 | | 6 | | | | |
| 33 | | 6 | | | | |
| 34 | | 6 | | | | |
| 35 | | 6 | | | | |
| 36 | | 6 | | | | |
| 37 | 1 | | 1 | | | |
| 38 | | | | | | |
| 39 | | | | | | |
| 40 | | | | | | |
| 41 | | | | | | |
| 42 | | | | | | |
| 43 | 1 | | 1 | | | |
| 44 | | | | | | 1 |
| 45 | | | | | | 1 |
| 46 | | | | | | 1 |
| 47 | | | | | | 1 |
| 48 | | | | | | 1 |
| 49 | | | | | | 1 |
| 50 | | | | | | 1 |
| TOTAL IND. | | 9 | | 6 | | |
| TOTAL DEP. | | 34 | | 21 | | |
| TOTAL CLAIMS | | 43 | | 27 | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | | | | | 1 |
| 52 | | | | | | |
| 53 | | | | | | |
| 54 | | | | | | |
| 55 | | | | | | |
| 56 | | | | | | |
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| 67 | | | | | | |
| 68 | | | | | | |
| 69 | | | | | | |
| 70 | | | | | | |
| 71 | | | | | | |
| 72 | | | | | | |
| 73 | | | | | | |
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| 92 | | | | | | |
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| 96 | | | | | | |
| 97 | | | | | | |
| 98 | | | | | | |
| 99 | | | | | | |
| 100 | | | | | | |
| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |